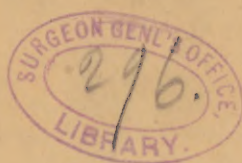
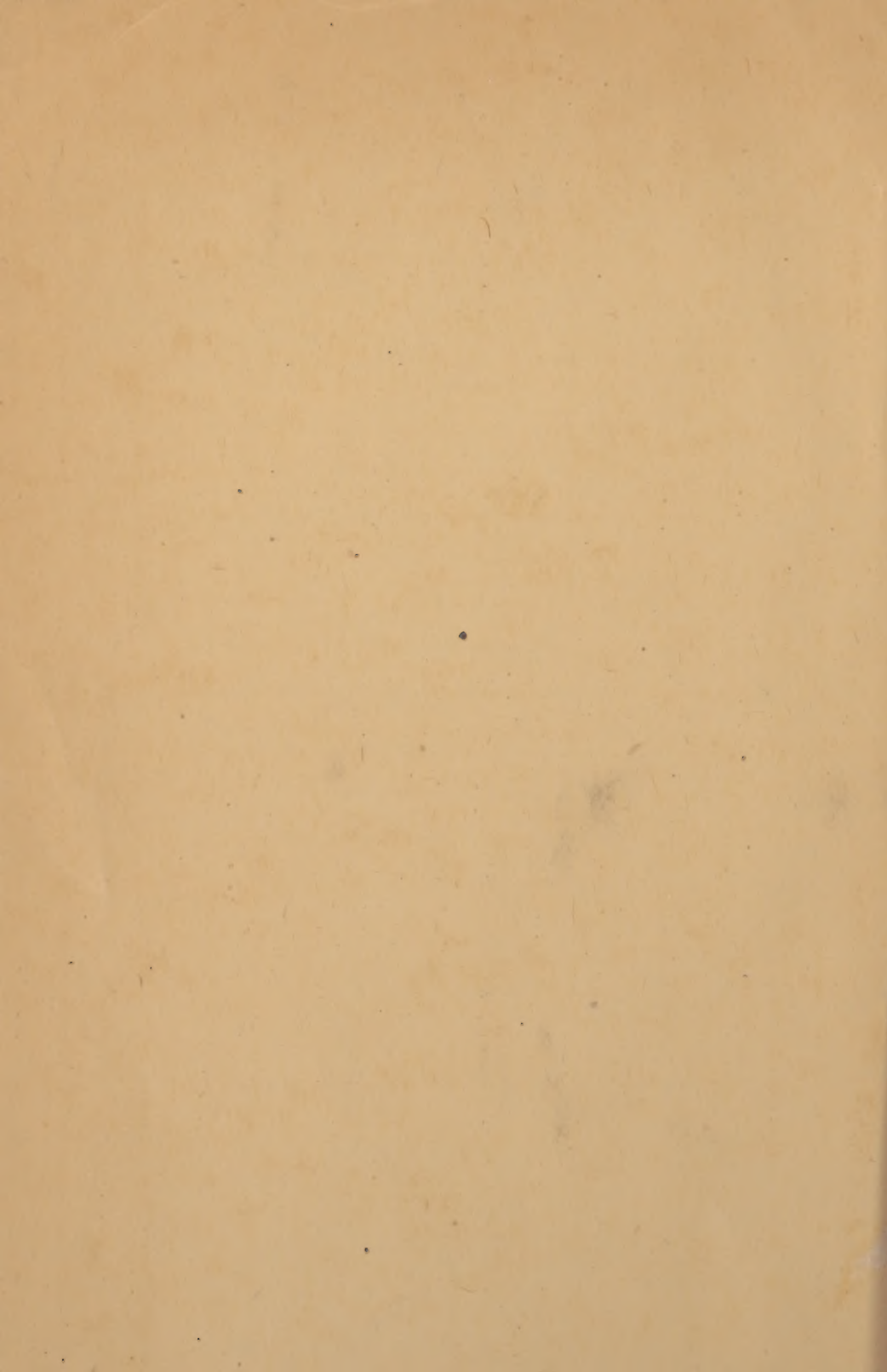
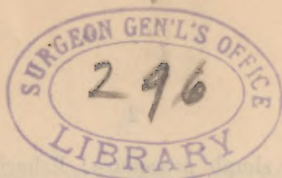


Cotting (B. E.,)

A few fragmentary remarks
on the radical relief of infested
toenail. _____







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A FEW FRAGMENTARY REMARKS ON THE RADICAL RELIEF OF INFLESHED TOE- NAIL.¹

BY B. E. COTTING, M.D.,
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IN January last I operated for radical relief of infleshed toe-nail, in the presence of several members of this Society.

The patient was a young woman, on whom I had performed the same operation on the other great toe, four years before. At that time, a brother, older than herself, received the same treatment for a like ailment. Indeed, some sixteen years ago, I performed four operations simultaneously (on the two sides of the two great toes) for the mother of these patients, making, in all, seven similar operations in the same family.

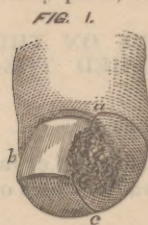
In each of these seven cases the result was successful in the fullest sense of the term. The ailment was completely eradicated, never to return. The nails were not injured in the process. They afterwards grew naturally, without pain or hindrance of any kind, soon acquiring normal usefulness. The toes, as usual after the peculiar method employed, were greatly improved in shape and general appearance. Walking also became easy and agreeable, in any kind of boot or shoe.

The method resorted to in all these cases was one devised by myself, more than forty years ago; and, although frequently followed by myself and others here and elsewhere, has never, to my knowledge, failed to effect a radical cure.²

¹ Read before the Roxbury Society for Medical Improvement, March 14, 1887.

² Singularly enough, as I was going to this meeting, with my report fully prepared, a friend showed me the New York Medical Journal for March 19, 1887, wherein Dr. R. F. Wier, of New York Hospital, in a report of four months' hospital work, three hundred and ninety-nine operations, including one for "ingrowing toe-nail," at page 319, says: "This operation of Cotting's (sic) often fails, and I have learned from my clinical assistant, Dr. Hartley, how to do it better than I did." From which it appears, not that Cotting's operation fails, but that Dr. Wier failed to do the operation. Of course, it should be properly performed, and by one who comprehends the scheme of it. How his "one case" resulted he does not say; presumably, however, from the context, in success. He calls it a "very small operation." Compared with his capital operations it may be, but it may be one of great importance, also, to a disabled patient wishing for the power of locomotion, and freedom from tormenting pains. Moreover, there are scores of these patients to one requiring amputation at the hip-joint. On the other hand, Dr. Gay, of the Boston City Hospital, who probably has performed this operation many more times than any other practitioner, in the "New Reference Handbook of Medical Sciences," Wood & Co., New York, 1887, Vol. IV, page 36, says: "Having performed this operation many times during the past eighteen years, I have never yet seen a case in which the result was not permanent and satisfactory."

It is a very simple procedure: Etherize the patient, unless he object. Remove with the knife the diseased fleshy parts, *together with a large and thick slice of*



the healthy adjoining side of the toe, Figure 1, *a c*. Let the cut begin or go well back, as at *d e*, Figure 2,³ and let it be guided by the edge of the nail, which should be exposed, but need not, nor its matrix,



be involved or injured thereby. Dress the wound with lint or absorbent cotton, firmly compressed upon it by a narrow roller-bandage, and cover the whole with a good-sized piece of oiled muslin or silk, neatly secured, in order to prevent any extra oozing of blood.⁴

This is the whole of it. The patient lies abed for a few days, or immediately sits up, or hobbles about, as he pleases, even going to his work at once, if necessary. From the moment of the operation there remains only a clean-cut wound, to heal as other wounds of like dimensions, with less pain or annoyance in it than previously in the disease; while such as there is, rapidly decreasing, soon departs altogether.

This operation, one of the simplest ever devised for this affection, differs from all the others in its fundamental principle and purpose, namely, the producing of a radical cure by *cicatricial contraction*, and that by means of a wound of sufficiently large extent, in healthy as well as diseased parts. For, as such a wound heals, the remnants of the lateral fleshy nail-furrow, if any remain, together with the soft parts adjoining, are drawn in by the contraction, and, in this manner, are kept away from the edge of the nail. Thus the nail thence after, in its ordinary growth, has nothing to imbed itself in, or even to impinge upon. A return of the affection is thereby put entirely out of the question.

Such was the method pursued in the case now reported. Those present and assisting can bear witness to its simplicity and ease in performance, as well as to the complete success and radical cure, then shown to them, of the previous operation on the same patient.

³ The wood-cuts have been kindly lent by their owner. See Boston Medical and Surgical Journal, May 8, 1879, page 361, where they illustrate a very good article on the subject of this paper.

⁴ Usually the bleeding is readily controlled, during the operation and dressing, by an assistant holding the toe, and compressing the lateral arteries between his thumb and index finger. But in the case now reported, Dr. Garceau (in a procedure original with himself) adroitly wound the toe with small rubber tubing, Esmarch fashion, and thus rendered the operation absolutely bloodless till the dressings could be applied.

Though a minor operation in surgery, one may deem himself fortunate if able to suggest an easy and radical remedy for an often-met affection so exquisitely painful and disabling as this frequently becomes, or so intractable as it has heretofore proved to be. To this end unnumbered attempts have been made, without satisfactory results. Beaudé states⁵ that Velpeau counted up nearly a hundred such. "This large number," he says, "attests the importance of this little malady, and the difficulty of its cure." Velpeau himself always adhered to the evulsion of the nail, which procedure he greatly ameliorated.

Some, perhaps, may be still reluctant to give up the old ways, "barbarous methods" Dr. Gross called them, but evidences that our procedure meets with ever-increasing approval are continuously coming in; and, if it be the *good thing* we contend that it is, this may be a sufficient apology for often urging its general adoption, and for again bringing the subject before this Society.

DISCUSSION.

Dr. Goss said that he had often seen this operation performed, and in some very desperate cases. He remembered the instance of a young gentleman, who had been quite crippled for a long time by the disease, and had submitted to many and various kinds of treatment, some quite severe, without avail. At the time when seen he was completely laid up. Both great toes were hugely swollen, and intolerably painful—with foul, open, fungoid ulcerations on the sides of each.

Four very large and thick slices were removed at the same time. Relief was immediate, and the result entirely successful. The toes became symmetrical and shapely, so much so that when, a year or two after, he underwent a thorough, from head to foot, examination for a Naval Commission, the examiners apparently failed to detect that he had ever been subject to the malady. He subsequently reported that he had found that he had as good-shaped and as useful toes as any other officer in the service.

Dr. Goss recalled another case also cured by this method where the ailment had recurred after the evulsion of the nail. He never knew of a case of failure by Dr. Cotting's method.

⁵ Dictionnaire de Médecine, Vol. II, p. 552.



DR. WITHINGTON spoke of the cicatrix he had examined in one of Dr. Cotting's old operations, as having drawn all the soft parts so thoroughly away from the edge of the nail as to preclude any possibility of the lesion ever being reproduced. The shape of the toe was good, and, apparently, had been essentially improved by the operation.

DR. SEAVERNS asked Dr. Cotting if he had not formerly advised the including of a slip of the nail in the slicing off of the side of the toe.

DR. COTTING replied that he had not;⁶ but that he had said that, while not necessary, if, in attempting to secure quite enough, the edge of the nail should by chance happen to be included in the cut, no harm would arise therefrom.⁷ It is better to remove too much than too little. By force of habit he generally operated by one continuous rapid stroke of the knife, — an important point in his first cases before the discovery of anæsthesia.⁸ Now, some operators, in order to secure the exact amount predetermined on, pass a double-edged knife midway by the side of the nail and downward through the toe, very deliberately (the patient being under ether) cutting out both ways, forward and back. By so doing the nail is not put to any risk whatever. Nevertheless, the edge of the nail should be completely exposed throughout its whole length.

DR. SEAVERNS asked also if the wounds were not sometimes very slow in healing. He had had one patient who was greatly annoyed because of long delay in this respect.

DR. COTTING replied that he had never known of any tedious delay; that, in his experience, the healing was as rapid usually as in other wounds of similar gravity. Besides, the tendency of the wound is always towards healing; that of the disease seldom, if ever.

DR. GARCEAU, who had performed this operation many times, now employs as a tourniquet a small rubber tube (such as usually comes with nursing bottles). After compression is effected, he removes the tube in part, from below, leaving the other portion on until the operation is over, and the dressings applied. He touches the surface of the wound with the perchloride of iron. Patients thus treated, have been able to walk about at once in soft slippers; and some have gone to their business the day after the operation. With him Dr. Cotting's method has always succeeded. He had operated on persons, half a dozen at least, of over seventy years of age, without a failure or an accident.

⁶ Boston Medical and Surgical Journal, May 17, 1866, p. 340.

⁷ Ibid, Jan. 2, 1873, p. 6.

⁸ Ibid, June 25, 1879, p. 631.

